

E. APPENDIX E

REQUESTING FORMS

The following list of forms can be found on the DMA website: <http://www.dhhs.state.nc.us/dma/forms.html> or by the other methods when information is noted:

| Form | Call or Copy |
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| ADA Dental Claim Form | ADA, 1-800-947-4746 |
| Adult Care Home Personal Care Services Physician | EDS, 1-800-688-6696 |
| *Authorization and Plan of Care (DMA 3050-R) | |
| *Carolina ACCESS Medical Exemption Request (DMA 9002) | |
| *Carolina ACCESS Override Request | |
| *Carolina ACCESS Patient Admission Agreement/Formal | |
| *Arrangement Form | |
| *Carolina ACCESS Provider Information Change Form | |
| CMS-1500 Claim Form | Office Supply Store |
| *Electronic Funds Transfer (EFT) Authorization Agreement | |
| *Fee Schedule Request | |
| *Health Department Health Check Agreement | |
| *Health Insurance Information Referral (DMA 2057) | |
| *Health Insurance Premium Payment (HIPP) Application | |
| *Medicaid Claim Adjustment Form | |
| *Medicaid Credit Balance Report | |
| *Medicaid Resolution Inquiry | |
| *Medical Record Release Form (for WIC Exchange of Information forms) | |
| Medical Transportation Assistance Notice of Rights (DMA- 5046) | EDS, 1-800-688-6696 |
| *Medicaid Crossover Reference Request | |
| *Medicaid Provider Change Form | |
| Personal Care Services Physician Authorization and Plan of Care (DMA-3000) | EDS, 1-800-688-6696 |
| Personal Care Services-Plus (PCS-Plus) Request Form (DMA 3000-A) | EDS, 1-800-688-6696 |
| * Pharmacy Adjustment Request | |
| Pharmacy Claim Form | EDS, 1-800-688-6696 |
| *Prior Approval Forms | |
| Certificate of Medical Necessity and Prior Approval Form (For DME) | EDS, 1-800-688-6696 |
| FL2 Long-Term Care Services Form (372-124) | EDS, 1-800-688-6696 |
| Request for Prior Approval N.C. Medicaid Program Form (372-118) | EDS, 1-800-688-6696 |
| MR2 Mental Retardation Services Form (372-123) | EDS, 1-800-688-6696 |

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| Prior Approval for Psychiatric Inpatient Services/Value Options | 1-888-510-1150 |
| Supplemental to Dental Prior Approval (DMA-6022) | EDS, 1-800-688-6696 |
| Visual Aids Prior Approval Form (372-017) | EDS, 1-800-688-6696 |
| *Provider Certification for Signature on File | |
| Provider Visit Request | EDS, 1-800-688-6696 |
| Referral for Diagnosis and Treatment | EDS, 1-800-688-6696 |
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| Sterilization Consent Form | EDS, 1-800-688-6696 |
| Trading Partner Agreement | EDS, 1-800-688-6696 |
| *Third Party Recovery Accident Information | |
| Report (DMA 2043) | |
| UB-92 Claim Form | Office Supply Store |
| Utilization Review Report – Long Term Care FL12 | EDS, 1-800-688-6696 |
| *WIC Exchange Form for Infants and Children | |
| *WIC Exchange Form for Women | |